

CHILDHOOD IMMUNIZATION INCENTIVES ORDER FORM

PLEASE CHECK THE AMOUNTS YOUR CLINIC WILL USE AND FAX THIS FORM TO
THE IMMUNIZATION PROGRAM AT 605-773-4113

Clinic Name:

Provider #

Address: _____

South Dakota Department of Health Immunization Program coloring books:

50___ 100___

Boxed set of four non-toxic color crayons:

50___ 100___

Snack cups:

5___ 10___

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